

### Attachment 3

### Office of Administration Commissioner's Office

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: Lutheran Family and Children's Services

Subcontractor: Lutheran Family and Children's Services

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name ██████████ Date Enrolled 2/7/2017

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
3/3/2017	Birth Certificate	\$15	Client needs child's birth certificate in order to get into a shelter. No other funding sources known.
Amt to be reimbursed		<u>\$15</u>	

*Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

*Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oag.mo.gov](mailto:emily.kraft@oag.mo.gov) by the Contractor only.*

Authorized person requesting purchase: Item Sitter  
Purchase is Approved  Denied  A2A Signature Emily Kraft Date 3/1/17  
Reason for denying purchase: \_\_\_\_\_